

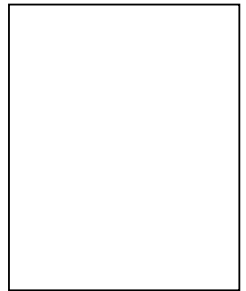
REGISTRATION NO. (To be filled in by office)		APPLICATION No:
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The Gandhigram Institute of Rural Health & Family Welfare Trust
Ambathurai, Gandhigram (P.O) Dindigul District-624302, Tamil Nadu, India

APPLICATION FOR ADMISSION TO

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Note : All entries should be typed or handwritten in Block Letter



01	Name	:	
02	Sex	:	Male <input type="checkbox"/> Female <input type="checkbox"/> Height.....Weight.....
03	Nationality	:	
04	Date of Birth	:	Date.....Month.....Year.....
05	Present Address	:	
	Phone No/ Cell No :		
06	Permanent Address	:	

07	Name of State and District to which the candidate belongs	:	
08	Name, Occupation and address of Father / Husband /Guardian in full	:	
09	Annual income of Father / Husband /Guardian /Candidate	:	
10	Marital status (Married /Single/ Separated/ Widow / Divorcee)	:	
11	<p>Does the Candidate belong to Scheduled Caste / Scheduled Tribe / Backward Class etc. as specified in Tamil Nadu Education Rules :</p> <p>(Support with a certificate from the Revenue Officer not below the rank of a Deputy Tahsildar)</p>		
12	Mother Tongue	:	
	Other Language Know		1. Speak_____ Read_____ Write_____ 2. Speak_____ Read_____ Write_____ 3. Speak_____ Read_____ Write_____

13. Educational qualification: (Give full details in chronological order starting from Secondary School Leaving Certificate and support with attested copies of original certificates)

Certificate / Diploma / Degree Obtained	Year	Reg. No	Name of the Board / University	Main Fields Subject's of Study	Mark Obtained	%

14. Employment Details starting with your present or most recent post, if any (support it with attested service certificates)

Period		Exact Designation of the post held	Name of the Employer with Address
From	To		

15. State special particulars (if any) :

16. Details of the enclosures :

DECLARATION:

I certify that the particulars furnished by me on this form are true, complete and correct.

Date :

Signature of the applicant

Place :